



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8623

| SERIAL NUMBER<br>10/524,237   | FILING OR 371(c)<br>DATE<br>03/29/2006<br>RULE  | CLASS<br>514              | GROUP ART UNIT<br>1633   | ATTORNEY<br>DOCKET NO. |                            |
|---|---|---------------------------|--|------------------------|----------------------------|
| <b>APPLICANTS</b><br>John J. Kopchick, Athens, OH;<br>Karen T. Coschigano, The Plains, OH;<br>Amy N. Wetzel, Wooster, OH;   |   |                           |  |                        |                            |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/24053 08/04/2003<br>which claims benefit of 60/400,052 08/02/2002  |   |                           |  |                        |                            |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                           |  |                        |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 07/15/2006</b>  |   |                           |  |                        |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>2   | TOTAL<br>CLAIMS<br>28  | INDEPENDENT<br>CLAIMS<br>6 |
| <b>ADDRESS</b><br>JOHN KOPCHICK<br>4 ORCHARD LANE<br>ATHENS, OH45701  |   |                           |  |                        |                            |
| <b>TITLE</b><br>Diagnosis of kidney damage and protection against same  |   |                           |  |                        |                            |
| <b>FILING FEE<br/>RECEIVED</b><br>1115  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                            |